DISCLOSURE SUNMARY PAGE		FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organi	·	(Rev. 07/2003)	REPORT
NORM PAWLEWSHI FOR STATE REPRESE	STATIVE	For Office Use C	Only 610
		Comm. #	1219
IMPORTANT: Indicate type of committee you are reporting for:		Logged In Scanned	
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Ce		Computer 4	RS WRS
CANDIDATE COMMITTEES ONLY:		Addited	
Candidate Name	Political Party		
NORMAN L. PAWLEWSKI	REPUBLICAN	· · · · · · · · · · · · · · · · ·	
Office Sought	District (if Senate or House)	JUL 1	3 2004 - Î
STATE REPRESENTATIVE	House 61	H)
James C. Huber		4148 7	
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE	DATE S	GIGNED
Late filed reports are subject to	possible civil and crimi	nal penalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE F	OLLOWING SENTENCE:		
_	EPORT FOR AN/A (1) ELECT	ION /(2)NON-ELEC	TION YEAR.
(report date)	Indicate one		- 0004
CHECK IF AMENDMENT TO REPORT DATED		SFP 2 cal Committees, enter D	
		a Committees, enter L	Ze or Liection
Check if this is final (termination) report and attach Notice of E (You must continue to file reports until a Notice of Disso	1000141101111 011111 01111	unty & Local Committee ich Election is held	es, enter County in
STATEMENT	F CASH ON HAND		
		301	3,96
CASH ON HAND at the beginning of the reporting period. (This is by the committee. This amount MUST be the same as the committee.			
of the last reporting period, or must be zero if this is first		D.\$ 296	
ADD TOTAL MONEY TAKEN IN THIS PERIOD			92
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)	690	0.00
Schedule F: Loans Received total (Attach Schedule F)		£±	# /
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)	••••	
(Schedule H applies to Candidates' Committee	ees Only)		
	SUB-TOTAL.	\$ 369	8.88
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	1146.83		
Schedule B: Expenditures total (Attach Schedule B) (**a	lso see debts and loans below	r) > 345	=76
Schedule F: Loan Repayments total (Attach Schedule F) T 13-18		125,00.
CASH ON HAND at the end of this reporting period (if final report	balance must	2	7. 21 2433.0
CASH ON HAND at the end of this reporting period (if final report be zero) (Attach DR-3)	SIBERRY	\$ <u>240</u>	7.21 2433,0
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule	e E)	\$	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F			
CANDIDATE COMMITTEES ONLY:			
CONSULTANT BREAKDOWN (Schedule G Attached?)		YE	SNO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H)	\$	

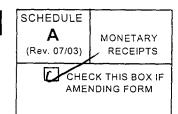
Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

NORM PAWLEWSKI FOR STATE REPRESENTATIVE



STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RÉCEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED	(if applicable)		TO CANDIDATE*	RECEIVED	FUND-
(MM/DD/YR)	AND PAC CHECK		(if applicable)		RAISER
	NUMBER				INCOME
1	ID#	JAMES OR CONSTANCE K. STEWAG	T	1 .	
5-18-04	CK#	9028 HAMMONTREE DR.		\$	}
3-10-07	CK#	UEBANDALE IA. 50322-7424		50.00	L
	ID#	GERTRUDE S. DOUGHTEN			
5 00 01/		745 N. 5TH ST.			
5-20-04	CK#	CARLISLE IA. 50047	II	130,00	
· · · · · · · · · · · · · · · · · · ·	ID#	ROBERT E. SORENSEN		<u> </u>	
- 20- 11		CATHRYN S. SORENSEN			
5-25-04	CK#	2005 69TH ST		10.00	
	ID#	DES MOINES IA. 50322		75.5	
	·	MICHAEL L. OR AMY K. BLAESS			
5-24-04	CK#	9816 VALDEZ DR.		,-a	
•		DES MOINES IA. 50321		50.00	
	ID#	PHILIP V. OR SUSANE. GUSTAFSON			
5-25-04		5761 SW PINE AVE.		_	
5-23-07	CK#	DES MOINES IA. 50321		75.00	L
	ID#				
	1D#	MR. OR MRS. LOUIS ZENTI			
5-27-04	CK#	2822 NW NORTH CREEK CIRCLE	,	75.00	-
		ANKENY IA. 50021		/	L
	ID#	MICHAEL D. ROBINSON			
- 07 411		LINDA J. ROBINSON			
5-27-04	CK#	2362 15378 AVE.		200.00	L
	104	CARLISLE IA. 50047			
i	ID#	JOHN G. GANSKE M.D.		ľ	
6-4-04	CK#	1301 PENN AVE. SUITE 312		100.00	
		DES MOINES IA. 50316		,,,,,,	
	ID#	_			
	CK#		ļ	an	
:	UN#	(widens		.92	. ـــــــــــــــــــــــــــــــــــــ
	ID#				
j	OV#				1 1
	CK#		Ì	ļ	L
			SUB ₃ TOTAL		

TOTAL (if last page of this schedule)

\$ 690.00

Page _____ of ____ (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

NORM F	NAME(Must be same as on Statement of Organiz PAWLEWSKI FOR STATE REPR	ation) ESENTHTIVE					(Rev. 07/03)	LOANS RECEIVED & REPAID
	chedule reports money loaned to the committee w		the committee		nnt.		CHECK T AMENDIN	
(Orig	NETARY LOANS RECEIVED <u>THIS</u> REPORTING ginal source of loan, such as a bank, must be sho lived. Include loans from candidate's personal fun	wn if a third party is				NETARY LOAN REPAYMENTS MADE <u>THIS</u> ns forgiven must be reported on Schedule E -		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN		DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSH TO CANDIDAT (If Applicable	E* REPAID
7-12-04	MORMAN L.PAWLEWSKI 3707 SW 28 W ST. DES HOWES TA. SO321	SAME	21.71	,	7-14-04	NORMAN L. PAWLEWSK 3707 SW 28TH ST. DES HOINES IA 50321	SAME	752.07
	,				7-14-04	NORMAN L. PAWLENSKI 3707 SW 28TH ST. DES MOINES (A.50521	SAME	125,00
	TOTAL (PART I)	\$ 957	7			TOTAL CASH REPAYMENTS (PAI		723.78
						From Schedule E TOTAL LOANS FORGIV UTSTANDING LOANS END OF REPORT PE		-0-
making a cor consanguinity the same as	aw requires candidate committees to disclose the ntribution to the committee. Relationship must be y (blood relatives) and affinity (relatives by marriag candidate, but there is no familial relationship, entool unn when it applies.	shown to the third de ge). If surname of co	egree of ontributor is		•	Page_		

SCHEDULE

(for Schedule F)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
_	CK THIS BOX IF INDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

WORM PAWLEWSKI FOR STATE REPARSENTATIVE

	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	MENARDS	10-51/2' STEEL POSTS	
-21-04	CK# /013	DES MOINES IA. 50320	FOR 3×4 FT. SIGNS	\$ 26.29
	ID#	POSTMASTER	1000 157 CLASS	
-29-04	CK# 1014	DSM MAIN POST OFC.	STAMPS	370.00
	ID# '	CHRISTIAN PRINTERS INC	1000 PRIMARY"	
-4-04	CK# 1015	1411 2157 57 DSM 1A. 50321	LETTERS	101.70
804	ID# CK# LOAN ASH	THE WAS STORE 4225 FREUR DR. DSM 1A. 50821	30 COPIES AT A8	7.46
12-04	CK# LOAN	THE UPS STORE 4225 FLEUR PR. 0541 1A. 50321	168 CODIES AT .08	19.25
-14/04	1D# CX#	NORMAN L. PANCEWSPI 3707 SW 28 14 51. DES MOINES AM, 50321	REDAYMENT OF	752.01
	ID#	DORMAN L. PAWGWIKI 3707 SW 2874 ST.	A EPAYMENT OF	
-14-04	ek# 2017	DES MOINES 14.50321	Reimb for copies	21.71
7-14-04	CK# 1016	Norman L. Pawlewsk! 3707 SW 18th 81. Des Moines, IA 50321	and copies +	627,0
		Des HOITIEN, ITH SUIVAL	SUB-TOTAL	\$ 1293.5
			TOTAL (if last page of this schedule)	\$ 1293.5

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount; purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

* includes	\$125.B	0 1	oan
repayment	See	Sel	h F

Page	 of	
_		

FOR INSTRUCTIONS, SEE BACK OF FORM			FORM
DISCLOSURE SUMMARY PAC		DR-2 DISCLOSURE	
COMMITTEE NAME (Must be same as on Statement of Orga	((Rev. 07/2003) REPORT	
NORM PAWLEWSHI FOR STATE REPRESENTATIVE			For Office Use Only
	***	1 1	Comm. #
IMPORTANT: Indicate type of committee you are reporting for:		1 1	Logged In S(v)
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City			Computer
CANDIDATE COMMITTEES ONLY:		<u> </u>	Audited
Candidate Name	Political Party		
NORMAN L. PAWLEWSKI	REPUBLICAN		
Office Sought	District (if Senate or House)	JUL 1 6 2004
STATE REPRESENTATIVE	House 61		HO
James C. Huber	515-24	3-415	18 7-16-04
SIGNATURE OF TREASURER (or person filing this report)			DATE SIGNED
Late filed reports are subject to	-	-	penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	***************************************	_	
I AM FILING A JULY 19 2004	REPORT FOR AN/A (1) EL	ECTION /	(2)NON-ELECTION YEAR.
(report date)	Indicate one I		
CHECK IF AMENDMENT TO REPORT DATED		Local Co	mmittees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Dis			Local Committees, enter County in ection is held
OT ATEMENT	OF CACH ON HAND	, , ,	
	OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same a of the last reporting period, or must be zero if this is file.)	a tha acab an band at the an	4	2987.17
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedu	ıle A) (*also see in-kind belov	/)	690.00
Schedule F: Loans Received total (Attach Schedule F	=)		21.71
Schedule H: Total Sales of Campaign Property (Attac	ch Schedule H)		
(Schedule H applies to Candidates' Comm	nittees Only)		
	SUB-TO	TAL\$	3698.88
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans b	elow)	519.76
Schedule F: Loan Repayments total (Attach Schedule	e F)		778.78
CASH ON HAND at the end of this reporting period (if final rep			24.5
be zero) (Attach DR-3)		\$	2407.21
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched			
**OUTSTANDING LOANS (From Schedule F - Attach Schedul			
CANDIDATE COMMITTEES ONLY:			
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

NORM	PAWLEWSKI	FOR STATE	REPRESENTATIVE
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SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
, , , , ,	NUMBER		(, p,		INCOME
	ID#	JAMES OR CONSTANCE K. STEWAR	T		
5-18-04	CK#	9028 HAMMONTREE DR. ULBANDALE IA. 50322-7424		\$ 50.00	
	ID#	GERTRUDE S. DOUGHTEN			
5-20-04	CK#	CARLISLE IA. 50047		130.00	
	ID#	ROBERT E. SORENSEN			
5-25-04	CK#	CATHRYN S. SORENSEN 2005 G9TH ST. DES MOINES 'IA. 50322		10.00	
	ID#	MICHAEL L. OR ANY K. BLAESS			
5-24-04	CK#	9816 VALDEZ DR. DES MOINES 1A. 50321		50.00	
	ID#	PHILIP V. OR SUSANE. GUSTAFSON			
5-25-04	CK#	5761 SW PINE AVE. DES MOINES IA. 50321		75.00	
	ID#	MR.OR MRS. LOUIS ZENTI			
5-27-04	CK#	2822 NW NORTH CREEK CARCLE ANKENY 1A. 50021		75.00	
	ID#	MICHAEL D. ROBINSON			
5-27-04	CK#	LINDA J. ROBINSON 2342 153 TL AVE. CARLISLE IA. 50047		200.00	
	ID#	JOHN G. GANSKE M.D.			
6-4-04	CK#	1301 PENN AVE. SUITE 312 DES MOINES 1A. 50316		100.00	
	ID#				
	CK#				
	ID#				
	CK#				
	<u> </u>		SUB-TOTAL	. /290 m	

TOTAL (if last page of this schedule)

Page ____ of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

COMMITTEE NAME (Must be same as on Statement of Organization)

NORM PAWLEWSKI FOR STATE REPRESENTATIVE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-21-04	CK# /013	MENARDS GOOD SE 14 TH ST. DES MOINES IA.50320	10-51/2' STEEL POSTS FOR 3×4 FT. SIGNS	\$ 26.29
5-29-04	ID# CK# 1014	POSTMASTER DSM MAIN POST OFC.	1000 IST CLASS STAMPS	370.00
6-4-04	ID# CK# 1015	CHRISTIAN PRINTERS INC 1411 2157 ST DSM 1A. 50321	1600 "PRIMARY" LETTERS	101.76
Q -8-04	ID# CK# LOAN CASH	THE UPS STORE 4225 FLEUR DR. DSM 1A. 50321	30 COPIES AT p8	7.46
7-12-04	ID# CK# LOAN CASH	THE UPS STORE 4225 FLEUR DR. OSM 1A. 50321	168 COPIES AT .08	14.25
7-14-04	ID# CK# /0/4	NORMAN L. PANCEWSFI 3707 SW 2894 ST. DES MOINES 14.50321	REBAYMENT OF LOAN TO CAMPAIGN	752.08
7-14-04	ID# CK# /017	NORMAN L. PAWEWIKI 3707 SW 2874 ST. OET MOINES IA. 50321	REPAYMENT OF LOAN TO CAMPAIGN	21.71
	ID# CK#			

SUB-TOTAL

\$ 1293.55

TOTAL (if last page of this schedule)

1293.59

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount; purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	 4	
Page	 of 🖊	

COMMITTEE N	NAME(Must be same as on Statement of Organize Pawlewski For State Repr	ation) ESENTATIVE					,	LOANS RECEIVED REPAID
NOTE: This so	CHECK THIS BOX IF AMENDING FORM							
(Orig	ETARY LOANS RECEIVED <u>THIS</u> REPORTING inal source of loan, such as a bank, must be sho ved. Include loans from candidate's personal fun	wn if a third party is				NETARY LOAN REPAYMENTS MADE THIS ns forgiven must be reported on Schedule E		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN		DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
7-12-04	MORMAN L. PAWLEWSKI 3707 SW 18 ST. DES HOINES 14.50321	SAME	\$ 21.71		7-14-04	NORMAN L. PAWLEWSK 3707 SW 2874 ST. DES HOINES IA 50321	SAME	752.07
					7-14-04	NOEMAN L. PAWIENSKI 3707 SW 28TH ST. DES MOINES 14.50521	SAME	21.71
	TOTAL (PART I)	\$_21·7	(J		TOTAL CASH REPAYMENTS (PAR		73.78
						From Schedule E TOTAL LOANS FORGIVE ITSTANDING LOANS END OF REPORT PER	· · · · · · · · · · · · · · · · · · ·	-0-
making a conti consanguinity the same as c	w requires candidate committees to disclose the ribution to the committee. Relationship must be s (blood relatives) and affinity (relatives by marriag andidate, but there is no familial relationship, enter the marriage and the	hown to the third de e). If surname of co	gree of ntributor is		,	Page		,

SCHEDULE